

# Wisconsin Department of Regulation & Licensing

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## DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

### REAL ESTATE APPRAISAL EXPERIENCE

#### **EXPERIENCE:**

The criteria for experience is outlined in sec. RL 83.01, Wis. Admin. Code.

As directed by the Federal Appraisal Subcommittee, all applicants for a real estate appraiser credential must provide the department with verification that their experience is in compliance with the Uniform Standards of Professional Appraisal Practice (USPAP), as in effect at the time the appraisals were prepared [see RL 83.01(3)(a)]. Please submit the "Appraisal Experience Roster" (Form #2106) as evidence of appraisal experience.

The department may require an applicant for a credential as a real estate appraiser to provide copies of any appraisal listed for experience, or other business or employment records, or may contact any person listed in order to obtain additional information about the experience.

On the "Appraisal Experience Roster" (Form #2106), list all appraisals for which experience credit is requested. The roster is used to verify the completion of the experience requirement. Please refer to sample for an explanation of the columns.

#### **CERTIFICATION:**

I certify that the following hours claimed are accurate, verifiable and in compliance with the Uniform Standards of Professional Appraisal Practice (USPAP), as in effect at the time the appraisals were prepared.

_____	<b>NUMBER</b> of Residential Hours	Applicants For Licensed and Certified Residential Appraiser credentials may not include more than 25% commercial experience.
_____	<b>NUMBER</b> of Commercial Hours	
_____	<b>Total Number of Hours*</b>	

\* Effective 2/1/99 no more than 20% of the hours which were obtained from the performance of limited appraisals or some the performance of approvals in which the departure provision of USPAP was invoked may be included. (s. RL 83.01(3)(e), Wis. Admin. Code.)

I understand that the department may request additional information which the department deems necessary to evaluate this experience, and that any falsification of information may result in denial of certification or licensure (refer to sec. 458.26(3)(a), Stats.).

\_\_\_\_\_  
Name of Applicant/Credential Holder (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address (Street Address, City, State, Zip Code)

\_\_\_\_\_  
Date